I P R S

E DS

Prior Approval - System Documentation
Non-browser, Instructions
EDS - Project Number NCH00013

Version 1.0

December 1, 2001

Information Technology Section

North Carolina Division of Mental Health, Developmental Disabilities

And Substance Abuse Services

APS Manual 1019

Prepared By: EDS - IPRS

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1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®[1] (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

[1] IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.

2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).

3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

Acronyms

Acronym	Definition
BA	Business Analyst
CA	Carolina Access (Management Care Program)
CAP	Community Alternatives Program
CLIA	Clinical Laboratory Improvement Amendments (of 1988)
COS	Category Of Service
CPT-4	Common Procedural Terminology, 4th Revision.
CSR	Customer Service Request
DAW	Dispense As Written (no generic drug substitutions)
DED	Data Element Definition(s)
DEHNR	Department of Environment, Health, and Natural Resources
DHS	Division Of Health Services
DMA	Division of Medical Assistance
DME	Direct Medical Equipment
DMH	Department of Mental Health
DOS	Date Of Service (may be first to last dates – inclusive)
DSN	Date Set Name
EDS	Electronic Data Systems
EIN	Employee Identification Number (for taxes – may be different from Social Security Number)
EOB	Explanation Of Benefits
ESC	Error Status Code
FDOS	From Date Of Service (service start date)
FMH	First Mental Health
FP	Family Planning
GCN	Group Control Number (A data element used to support drug rebate processing and grouping drugs by classification and packaging)

Acronym	Definition
HCFA	Health Care Financing Administration
HCPC	Health Care financing administration common Procedure Coding system
HH	Home Health
HIC	Health Insurance Claim (number)
ICD	International Classification of Diseases
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICN	Internal Control Number
ID	Identification
IOPR	Internal Optical Pressure Reading
IPRS	Integrated Payment and Reporting System
IRS	Internal Revenue Service
ITME	Identification Tracking Measurement Enhancement
JCL	Job Control Language
LMA	Local Managing Area
MC	Managed Care
MH	Mental Health
MID	Medical Identification number: base identification number assigned to the client by the State.
MMIS	Medicaid Management Information System
MR	Medical Records
MS	Medicare Status
NC	North Carolina
NCMMIS	North Carolina Medicaid Management Information System
NDC	National Drug Code
PA	Prior Approval
PAC	Pricing Action Code
PASARR	Pre-Admission and Resident Review
PCP	Primary Care Provider
PGP	Population Group Payer
PL	Patient Liability
POS	Place Of Service
RA	Remittance Advice

Acronym	Definition
REOMB	Request for Explanation Of Medicaid Benefits
SE	Software -or- System Engineer
SLC	Systems Life Cycle
SRN	Service Request Number
SSA	Social Security Administration
SSI	Supplementary Security Income
SSN	Social Security Number
SSO	Second Source Opinion
SU	Special Use
TDOS	To Date Of Service (Last date of service/service end date)
TIN	Tax Identification Number
TOS	Type Of Service
TP	Third Party
TPL	Third Party Liability
UB	Uniform Bill; standard claim form used to bill hospital inpatient, outpatient, nursing facility, and other State-defined services.
UCR	Usual, Customary, and Reasonable (usually deals with charges/billing)
UPIN	Universal Provider Identification Number
VA	Visual Aid
VSAM	Virtual Storage Access Method

Terms/Abbreviations

Term/Abbreviation	Definition
ACCUM	Accumulate
AMB	Ambulatory
CCYYDDD	The "Julian" date (century, year, day number), e.g., 2001365 – the 365th day (DDD) of the century 2000 (CC), in the year 01 (YY); CC and YY are merged to be 2001.
CCYYMMDD	The "Greco-Roman Calendar" date (century, year, month, day), e.g., 20011231 – the 31st day (DD) of December (the 12th month) in the century 2000 and year 01; CC and YY are merged to be 2001.
CNT	Count
COINS	Co-insurance

Term/Abbreviation	Definition
CUR	Current
DEC	Decimal (generally meaning number of decimal places)
DESC	Description
DIS	Disposition
Disenf	Disenfranchised
DISP	Disposition
DTE	Date
DTL	Detail
edit	xxx
EL	Eligibility
ERR	Error
Ex.	Example
GRP	Group
HDR	Header
I/O	Input/Output (on/off)
IND	Indicator
LEG	Legislature
list	A single (one) dimensional "list" of information. A list may be ordered or unordered. An ordered list is sequence specific for data extraction/use and is usually numbered. An unordered list is not sequence specific for data extraction/use and is not numbered. For the "lists" concerned, they are numbered (ordered), but may be accessed via the browser as specified by the clerk/operator or directly by the software engineer (programmer).
LOC	Location
MOD	Modifier
NBR (Nbr)	Number
NCXIX	Medicaid (population group payer ID)
NUM	Number
ODTL	Original Detail
OVR	Override
PARM	Parameter
PCODE	Procedure code
PCT	Percent
PGM	Program

Term/Abbreviation	Definition
POL	Policy
PREF	Prefix
process	A structured set of ordered sequential computer actions, calculations, and commands that perform a specific, desired, function. A process is composed of one or many sequences.
RECID	Receipt Identification (ID)
REF	Reference/Referring
SEG	Segment
SEQ	Sequence
sequence	A structured set of ordered computer actions, calculations, and commands that perform a specific, desired, function. A sequence may be considered a process if it is stand alone, but normally a sequence is one of many within a process and is performed in a specific order.
SHR	Share
SPEC	Specialty
SW	Switch
Sysin member	A term used to describe a file updated through TSO by the departments and used in a batch job.
table	A multi-dimensional array of information stored in a matrix. The tables concerned in this document are two (2) dimensional with "x" and "y" named (by row and column) coordinates. The tables may be accessed via the browser as specified by the clerk/operator or directly by the software engineer (programmer).
TBLHDR	Table Header
TPR	Third Party
VSAM	A keyed file-access method.

4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the "behind-the-scene" SE workings.

4.1 Components

Built Data Definition Files

File Number	Copybook	Description
1.	HMKY9201	Prior Approval Master
2.	IPKY3071	Prior Approval Extension File
3.	HMKY9951	Prior Approval Tracking File
4.	IPKY7031	Prior Approval Verification File

4.1.1 Prior Approval (PA) Master

4.1.1.1 Copybook HMKY9201

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, HMKY9201.doc.

```
RECORD LAYOUT DATASET : PDSRA.HMXCM.Y2K.HOLD.COPY
 MEMBER                : HMKY9201



------- FIELD LEVEL/NAME ---------- --PICTURE--   FLD   START     END   LENGTH

(PREF)PA-KEY-PORTION                               1    2430    2430

5 (PREF)PA-KEY-PORTION              GROUP          1      1      75      75

  10 (PREF)PA-MID                   X(10)          2      1      10      10

  10 (PREF)PA-BENE-ID REDEFINES (PREF)PA-MID

  10 (PREF)PA-BENE-ID              GROUP          3      1      10      10

    15 (PREF)PA-BENE-ID-NUM        X(9)           4      1       9       9

    15 (PREF)PA-BENE-ID-ALPHA      X              5     10      10       1

  10 (PREF)PA-ENROLL-SOURCE-PAYER  X(5)           6     11      15       5
```

10 (PREF)PA-PROVIDER-AUTHORIZED	X(13)	7	16	28	13
10 (PREF)PA-SEGMENT-TYPE	XX	8	29	30	2
10 (PREF)PA-START-DATE	9(8)	9	31	38	8
10 (PREF)PA-PGP	X(5)	10	39	43	5
10 (PREF)PA-END-DATE	9(8)	11	44	51	8
10 (PREF)PA-BENE-PROGRAM	X(5)	12	52	56	5
10 (PREF)PA-SRN-NUM	9(13)	13	57	69	13
10 FILLER	X(6)	14	70	75	6
5 (PREF)PA-DATA-PORTION	GROUP	15	76	2430	2355
10 (PREF)PA-DTL-DATE-LAST-UPDATED					
	S9(9)	16	76	80	5
10 (PREF)PA-DTL-UPDATE-BY	X(4)	17	81	84	4
10 (PREF)PA-NBR	X(11)	18	85	95	11
10 (PREF)PA-SEGMENT-SERVICE	XX	19	96	97	2
10 (PREF)PA-EDIT-DISPOSITION	X	20	98	98	1
10 (PREF)PA-ALERT-DATE	S9(9)	21	99	103	5
10 (PREF)PA-DATE-LAST-POSTED	S9(9)	22	104	108	5
10 (PREF)PA-STATUS	X	23	109	109	1
10 (PREF)PA-ELIG-PEND	X	24	110	110	1
10 (PREF)PA-ELIG-PEND-NAME	GROUP	25	111	139	29
15 (PREF)PA-ELIG-PEND-NAME-FRST	X(10)	26	111	120	10
15 (PREF)PA-ELIG-PEND-NAME-MI	X	27	121	121	1
15 (PREF)PA-ELIG-PEND-NAME-LAST	X(15)	28	122	136	15
15 (PREF)PA-ELIG-PEND-SUFFIX	XXX	29	137	139	3
10 (PREF)PA-ELIG-PEND-DATE	S9(8)	30	140	144	5
10 (PREF)PA-SCAN-NUM	S9(15)	31	145	152	8
10 (PREF)PAC-ADMIT-DATE	S9(9)	32	153	157	5
10 (PREF)PAC-SSO-PROV-NBR	X(8)	33	158	165	8

```
10 (PREF)PAC-SSO-PROV-NBR-EXPANSION X(5)        34   166   170     5

10 (PREF)PAC-SSO-DATE              S9(9)        35   171   175     5

10 (PREF)PAC-EXT-DATE REDEFINES (PREF)PAC-SSO-DATE

10 (PREF)PAC-EXT-DATE              S9(9)        36   171   175     5

10 (PREF)MHMA-PAC-TYPE             X            37   176   176     1

10 (PREF)PA-REFERRING-PROVIDER     X(13)        38   177   189    13

10 (PREF)PA-PASAAR-NUM             X(8)         39   190   197     8

10 (PREF)PA-FMH-NUM REDEFINES (PREF)PA-PASAAR-NUM

10 (PREF)PA-FMH-NUM                GROUP        40   190   197     8

  15 (PREF)PA-FMH-NBR              X(7)         41   190   196     7

  15 (PREF)PA-FMH-ALPHA           X            42   197   197     1

10 (PREF)PA-DEH-INDIV              999          43   198   200     3

10 (PREF)PA-DEH-GROUP              999          44   201   203     3

10 (PREF)PA-PROCEDURE-AREA-CNT     S999         45   204   205     2

10 (PREF)PA-PROCEDURE-AREA(1)

      OCCURS 0 TO 25 TIMES   DEPENDING ON (PREF)PA-PROCEDURE-AREA-CNT

                                   GROUP        46   206   294    89

  12 (PREF)PA-PROCEDURE(1)         GROUP        47   206   294    89

   15 (PREF)PAC-DIAG(1)            X(5)         48   206   210     5

   15 (PREF)PAC-DIAG-PGP(1)        X(5)         49   211   215     5

   15 (PREF)PA-HCPC-TOS(1)         X            50   216   216     1

   15 (PREF)PAC-HCPC(1)            X(5)         51   217   221     5

   15 FILLER REDEFINES (PREF)PAC-HCPC

   15 FILLER(1)                    GROUP        52   217   221     5

     20 (PREF)PAC-HCPC-1(1)        X            53   217   217     1

     20 (PREF)PAC-HCPC-4(1)        X(4)         54   218   221     4

   15 (PREF)PAC-HCPC-PGP(1)        X(5)         55   222   226     5

   15 (PREF)PA-TOOTH(1)            XX           56   227   228     2
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15 (PREF)PAC-HCPC-RATE(1)          S9(7)V99    57   229   233    5

15 (PREF)PA-AUTH-UNITS(1)          S9(5)       58   234   236    3

15 (PREF)PA-UNITS-EXPENDED(1)      9(5)        59   237   239    3

15 (PREF)PA-AUTH-DOLLARS(1)        S9(7)V99    60   240   244    5

15 (PREF)PA-DOLLARS-EXPENDED(1)    S9(7)V99    61   245   249    5

15 (PREF)PA-DOLLARS-FORECAST(1)    S9(7)V99    62   250   254    5

15 (PREF)PA-FREQUENCY-DAYS(1)      S9(5)       63   255   257    3

15 (PREF)PA-DATE-SRVC-LST-GIVEN(1)

                                   S9(8)       64   258   262    5

15 FILLER(1)                       X(32)       65   263   294   32

12 (PREF)PAC-OPT-AREA REDEFINES (PREF)PA-PROCEDURE

12 (PREF)PAC-OPT-AREA(1)           GROUP       66   206   294   89

  20 FILLER(1)                     X(14)       67   206   219   14

  20 (PREF)PAC-OPT-VA-TYPE(1)      XX          68   220   221    2

  20 (PREF)PAC-OPT-RGHT-RL(1)      X           69   222   222    1

  20 (PREF)PAC-OPT-RGHT-SPHERE(1)  X(5)        70   223   227    5

  20 (PREF)PAC-OPT-RGHT-CYL(1)     X(5)        71   228   232    5

  20 (PREF)PAC-OPT-RGHT-AXIS(1)    XXX         72   233   235    3

  20 (PREF)PAC-OPT-RGHT-PRISM(1)   X(4)        73   236   239    4

  20 (PREF)PAC-OPT-RGHT-ADD(1)     X(4)        74   240   243    4

  20 (PREF)PAC-OPT-LEFT-RL(1)      X           75   244   244    1

  20 (PREF)PAC-OPT-LEFT-SPHERE(1)  X(5)        76   245   249    5

  20 (PREF)PAC-OPT-LEFT-CYL(1)     X(5)        77   250   254    5

  20 (PREF)PAC-OPT-LEFT-AXIS(1)    XXX         78   255   257    3

  20 (PREF)PAC-OPT-LEFT-PRISM(1)   X(4)        79   258   261    4

  20 (PREF)PAC-OPT-LEFT-ADD(1)     X(4)        80   262   265    4

  20 (PREF)PAC-OPT-AUTH-UNITS(1)   S9(5)       81   266   268    3

  20 (PREF)PAC-OPT-UNITS-EXPENDED(1)
```

	9(5)	82	269	271	3
20 (PREF)PAC-OPT-AUTH-DOLLARS(1)	S9(7)V99	83	272	276	5
20 (PREF)PAC-OPT-DOLLARS-EXPENDED(1)					
	S9(7)V99	84	277	281	5
20 (PREF)PAC-OPT-DOLLARS-FORECAST(1)					
	S9(7)V99	85	282	286	5
20 (PREF)PAC-OPT-FREQUENCY-DAYS(1)					
	S9(5)	86	287	289	3
20 (PREF)PAC-OPT-DATE-SRVC-LST-GVN(1)					
	S9(8)	87	290	294	5

4.1.1.2 Data Element Definitions

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
MHMA-PAC-TYPE	The type of first Mental Health (MH).	This is Prior Approval.
PA-ALERT-DATE	Alert date on deleted Prior Approval (PA) record.	
PA-AUTH-DOLLARS	Prior Approval (PA) dollar amounts authorized.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-AUTH-UNITS	Authorized units of Prior Approval (PA).	The number of services authorized to the provided. Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-BENE-ID	Beneficiary ID.	Redefines Prior Approval Medical Identification number (PA-MID). Comprised of "PA-BENE-ID-NUM" and "PA-BENE-ID-ALPHA".
PA-BENE-ID-ALPHA	The recipient's alpha number of the Medicaid Identification number (MID) or Client ID	Tenth position of the MID.
PA-BENE-ID-NUM	The recipient's Medicaid Identification (MID)	The first nine positions of

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	Definition/Explanation	Comments
	number.	the MID.
PA-BENE-PROGRAM	The recipient's benefits program.	
PAC-ADMIT-DATE	The date of admission for which pre-admission certification has been issued.	
PAC-DIAG	A diagnostic code for the diagnosis given at the time pre-admission certification was requested.	Occurs five times. Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-DIAG-PGP	Population Group Payer for the diagnosis code.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-EXT-DATE	PAC extention date	Redefines "PAC-SSO-DATE".
PAC-HCPC	The Health Care financing administration common Procedure Coding system (HCPC) procedure code given when pre-admission certification was requested.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-HCPC-1	First byte of the health care financing administration common Procedure Code (HCPC).	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-HCPC-4	Last four bytes of the Health Care financing administration common Procedure Coding system (HCPC).	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-HCPC-PGP	Population Group Payer for the specified Health Care financing administration common Procedure Coding system (HCPC).	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-HCPC-RATE	Health Care financing administration common Procedure Coding system (HCPC) rate.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-AREA	Optical area.	Redefines "PA-PROCEDURE" (Redefined for Optical). Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
		CNT".
PAC-OPT-AUTH-DOLLARS	Optical procedure code for dollar amounts authorized.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-AUTH-UNITS	Optical procedure code for authorized units.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-DATE-SRVC-LST-GVN	Optical procedure code for the last date the service was given.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-DOLLARS-EXPENDED	Optical procedure code for dollar amounts expended.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-DOLLARS-FORECAST	Optical procedure code for dollar amounts forecast.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-FREQUENCY-DAYS	Optical procedure code for frequency days on deleted Prior Approval (PA) record.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-LEFT-ADD	Optical left add.	Used with Bifocals. Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-LEFT-AXIS	Optical left axis.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-LEFT-CYL	Optical left cylinder.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-LEFT-PRISM	Optical left prism.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
PAC-OPT-LEFT-RL	Optical left lens.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-LEFT-SPHERE	Optical left sphere.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-ADD	Optical right add.	Used with Bifocals. Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-AXIS	Optical right axis.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-CYL	Optical right cylinder.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-PRISM	Optical right prism.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-RL	Optical right lens.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-RGHT-SPHERE	Optical right sphere.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-UNITS-EXPENDED	Optical procedure code for the units expended.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PAC-OPT-VA-TYPE	Optical Visual Aid (VA) type.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
PAC-SSO-DATE	The date a Second Source Opinion (SSO) regarding surgery was obtained in order to receive pre-admission certification.	
PAC-SSO-PROV-NBR	The provider who rendered a Second Source Opinion (SSO) opinion regarding surgery in order to received pre-admission certification.	This is the second source provider number.
PAC-SSO-PROV-NBR-EXPANSION	Filler.	
PA-DATA-PORTION	Group-level data portion of record.	
PA-DATE-LAST-POSTED	The date of the last posted Prior Approval (PA) data.	
PA-DATE-SRVC-LST-GIVEN	The last date Prior Approval (PA) service was given (rendered).	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-DEH-GROUP	Department of Environment, Health, and Natural Resources (DEHNR) group number.	
PA-DEH-INDIV	Department of Environment, Health, and Natural Resources (DEHNR) individual number.	
PA-DOLLARS-EXPENDED	The Prior Approval (PA) dollar amount expended.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-DOLLARS-FORCAST	The Prior Approval (PA) dollar amount forecasted.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-DTL-DATE-LAST-UPDATED	The date of the last Prior Approval (PA) update to screen.	
PA-DTL-UPDATE-BY	The performing clerk's identification for the last update.	
PA-EDIT-DISPOSITION	The Prior Approval (PA) edit disposition.	
PA-ELIG-PEND	The Medicaid Identification number (MID) for eligibility pending status.	
PA-ELIG-PEND-DATE	The date of the pending status.	
PA-ELIG-PEND-NAME	Name entered when eligibility is pending.	
PA-ELIG-PEND-NAME-FRST	The recipient's first name.	

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
PA-ELIG-PEND-NAME-LAST	The recipient's last name.	
PA-ELIG-PEND-NAME-MI	The recipient's middle initial.	
PA-ELIG-PEND-SUFFIX	The last three bytes of the recipient's name which carries Jr., Sr., III, etc.	
PA-END-DATE	Prior Approval (PA) end date.	The last date-approved the service is to be provided.
PA-ENROLL-SOURCE-PAYER	The enrollment source payer.	
PA-FMH-ALPHA	The First Mental Health (FMH) alpha character.	
PA-FMH-NBR	The First Mental Health (FMH) number.	
PA-FMH-NUM	Group level of First Mental Health number.	Redefines "PA-PASAAR-NUM" which is comprised of "PA-FMH-NUM" and "PA-FMH-ALPHA".
PA-FREQUENCY-DAYS	Frequency on deleted Prior Approval (PA) record.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-HCPC-TOS	The Health Care Procedure Code (HCPC) Type Of Service (TOS).	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-KEY-PORTION		
PA-MID	The recipient's Medicaid Identification number (MID).	
PA-NBR	Prior Approval (PA) number (Type, Date, Range).	A number used to grant approval for various types of services.
PA-PASARR-NUM	Pre-Admission Screening and Resident Review (PASARR) number.	Comprised of "PA-FMH-NUM" and "PA-FMH-ALPHA". Redefinition of First Mental Health Number.
PA-PGP	The Population Group Payer (PGP).	
PA-PROCEDURE	Procedure code for this segment.	Occurs 0 to 25 times

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
		depending on "PA-PROCEDURE-AREA-CNT".
PA-PROCEDURE-AREA	Group level of the procedure section of the record.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-PROCEDURE-AREA-CNT	The procedure area count. Number of procedure codes (segments) for this Service Request Number (SRN).	
PA-PROVIDER-AUTHORIZED	The Prior Approval (PA) authorized provider.	
PA-REFERRING-PROVIDER	The referring provider.	
PA-SCAN-NUM	The scan number.	
PA-SEGMENT-SERVICE	The segment service per procedure code.	
PA-SEGMENT-TYPE	The segment type per procedure code.	Direct Medical Equipment (DME) types are: Dental, Hearing-Aids, Medical, Optical, Referral, Pre-Cert, Long-Term-Care, Department of Environment, Health, and Natural Resources (DEHNR), and Transportation
PA-SRN-NUM	Service Request Number (SRN) used to post Prior Approval (PA) usage.	Related to unique service request number in PA.
PA-START-DATE	The first date the service is Prior Approved (PA) to be provided.	
PA-STATUS	The segment status code.	Status codes are: A – Approve D – Deny P – Pending
PA-TOOTH	The specific tooth, by tooth number, for which Prior Approval (PA) has been granted.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".
PA-UNITS-EXPENDED	The number of units the provider has billed	The number of units used.

Data Definition File – Prior Approval (PA) Master – HMKY9201		
Data Element/Structure	**Definition/Explanation**	**Comments**
	using this Prior Approval (PA) number.	Occurs 0 to 25 times depending on "PA-PROCEDURE-AREA-CNT".

4.1.2 Prior Approval Extension File

4.1.2.1 Copybook IPKY3071

```
RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.HOLD.COPY
 MEMBER               : IPKY3071


------- FIELD LEVEL/NAME ---------- --PICTURE--   FLD   START     END   LENGTH
(PREF)EXTNSN-KEY                                    1     250      250
5 (PREF)EXTNSN-KEY                    GROUP         1     1         99     99
  10 (PREF)EXTNSN-CLIENT-KEY          GROUP         2     1         46     46
    15 (PREF)EXTNSN-CLIENT-ID         X(10)         3     1         10     10
    15 (PREF)EXTNSN-ENROLL-SRC-PAYER  X(5)          4     11        15      5
    15 (PREF)EXTNSN-PROV-KEY          GROUP         5     16        46     31
      20 (PREF)EXTNSN-PGP             X(5)          6     16        20      5
      20 (PREF)EXTNSN-AUTH-PROV       X(13)         7     21        33     13
      20 (PREF)EXTNSN-ISSUING-PROV    X(13)         8     34        46     13
  10 (PREF)EXTNSN-ICN-KEY             GROUP         9     47        63     17
    15 (PREF)EXTNSN-ICN               X(15)        10     47        61     15
    15 (PREF)EXTNSN-DTL-LN-NUM        99           11     62        63      2
  10 (PREF)EXTNSN-SRN-KEY             GROUP        12     64        76     13
    15 (PREF)EXTNSN-SRN               9(13)        13     64        76     13
  10 (PREF)EXTNSN-BENE-PGM            X(5)         14     77        81      5
  10 (PREF)EXTNSN-START-DT            9(8)         15     82        89      8
  10 (PREF)EXTNSN-END-DT              9(8)         16     90        97      8
  10 (PREF)EXTNSN-SEGMENT-TYPE        XX           17     98        99      2
5 (PREF)EXTNSN-DATA                   GROUP        18     100      250    151
  10 (PREF)EXTNSN-PROC-CD             X(5)         19     100      104      5
  10 (PREF)EXTNSN-RUN-DT              9(8)         20     105      112      8
  10 FILLER                          X(138)        21     113      250    138


     *** END OF LAYOUT REPORT ***
```

4.1.2.2 Data Element Definitions

Data Definition File – Prior Approval Extension File – IPKY3071

Data Element/Structure	Definition/Explanation	Comments
EXTNSN		"EXTNSN" = Extension (file).
EXTNSN-AUTH-PROV	The authorized provider's name.	
EXTNSN-BENE-PGM	The beneficiary program.	
EXTNSN-CLIENT-ID	The client's identification.	The Medicaid Identification (MID) number.
EXTNSN-CLIENT-KEY	The primary key fields for reading extension files.	
EXTNSN-DATA	The data portion of the extension file.	
EXTNSN-DTL-LN-NUM	The detail line number for the claim detail.	
EXTNSN-END-DT	The termination (end) date for the provider.	
EXTNSN-ENROLL-SRC-PAYER	The enrollment source payer's name.	
EXTNSN-ICN	The Internal Control Number (ICN) for the assiociated claim.	
EXTNSN-ICN-KEY	The Internal Control Number (ICN) plus the detail on the claim being refered to.	
EXTNSN-ISSUING-PROV	The referring provider /issuing provider number.	
EXTNSN-PGP	The population group provider number.	
EXTNSN-PROC-CD	The detail procedure code.	
EXTNSN-PROV-KEY	Designates key to read file.	
EXTNSN-RUN-DT	The file run date.	
EXTNSN-SEGMENT-TYPE	The segment type.	
EXTNSN-SRN	The Service Request Number (SRN) on the provider's file.	
EXTNSN-SRN-KEY	Alternate Service Request Number (SRN) key to the read file.	
EXTNSN-START-DT	The begining (start) date for the provider.	

4.1.3 Prior Approval Tracking File

4.1.3.1 Copybook HMKY9951

```
05  (PREF)TK-FIN-PAYER          PIC X(05).
```

```
05  (PREF)TK-MID                PIC X(10).
05  (PREF)TK-PGP                PIC X(05).
05  (PREF)TK-POSTING-DATE       PIC 9(08).
05  (PREF)TK-PROVIDER-AUTHORIZED PIC X(13).
05  (PREF)TK-START-DATE         PIC 9(08).
05  (PREF)TK-END-DATE           PIC 9(08).
05  (PREF)TK-SRN                PIC 9(13).
05  (PREF)TK-AUTH-UNITS         PIC S9(05)     PACKED-DECIMAL.
05  (PREF)TK-UNITS-EXPENDED     PIC S9(05)     PACKED-DECIMAL.
05  (PREF)TK-AUTH-DOLLARS       PIC  9(07)V99  PACKED-DECIMAL.
05  (PREF)TK-DOLLARS-EXPENDED   PIC  9(07)V99  PACKED-DECIMAL.
05  (PREF)TK-DOLLARS-FORECAST   PIC  9(07)V99  PACKED-DECIMAL.
05  (PREF)TK-SEGMENT-TYPE       PIC  X(02).
05  (PREF)TK-SEGMENT-SERVICE    PIC  X(02).
05  (PREF)TK-ISSUING-PROVIDER   PIC  X(13).
05   FILLER                     PIC  X(13).

******COPY MEMBER HMKY9951 ENDS HERE.  ************************
```

4.1.3.2 Data Element Definitions

Data Definition File – Prior Approval Tracking File – HMKY9951		
Data Element/Structure	**Definition/Explanation**	**Comments**
FILLER		Fillers are found in virtually all copybooks and are usually designed for future expansion or are used to redefine specific data elements. Therefore, no details will be provided for this data element. See the respective copybook for details. Other examples are: "FILLER-PROVIDER" and "FILLER-REDIFINES", etc.
TK		"TK" = Tracking.
TK-AUTH-DOLLARS	The amount, in dollars, authorized.	
TK-AUTH-UNITS	The number of units authorized.	
TK-DOLLARS-EXPENDED	The amount, in dollars, expended.	
TK-DOLLARS-FORECAST	The amount, in dollars, forcast.	
TK-END-DATE	The termination (end) date.	
TK-FIN-PAYER	Five-digit payer code that indicates the source of	

Data Definition File – Prior Approval Tracking File – HMKY9951		
Data Element/Structure	**Definition/Explanation**	**Comments**
	funds for payment of the claim.	
TK-MID	The Medicaid Identification (MID) number.	
TK-PGP	The population group provider's number.	
TK-POSTING-DATE	Not used by IPRS.	
TK-PROVIDER-AUTHORIZED	The authorized provider's number.	
TK-SEGMENT-SERVICE	Service per procedure code.	
TK-SEGMENT-TYPE	Type per procedure code.	
TK-SRN	The Service Request Number (SRN).	
TK-START-DATE	The beginning (start) date.	
TK-UNITS-EXPENDED	Units expended.	
TK-ISSUING-PROVIDER	Issuing/referring provider number.	

4.1.4 Prior Approval Request Verification File

4.1.4.1 Copybook IPKY7031

```
05   (PREF)REQUEST.
   10  (PREF)REQ-SRN-NUM                  PIC 9(13).
   10  (PREF)REQ-CLIENT-ID.
      15  (PREF)REQ-CLIENT-ID-NUM     PIC X(09).
      15  (PREF)REQ-CLIENT-ID-ALPHA   PIC X(01).
   10  (PREF)REQ-BENE-PROGRAM           PIC X(5).
   10  (PREF)REQ-FIN-PAYER              PIC X(05).
   10  (PREF)REQ-AUTH-INFO.
      15  (PREF)REQ-AUTH-PROV-NUM     PIC X(13).
      15  (PREF)REQ-AUTH-PROV-LNM     PIC X(15).
      15  (PREF)REQ-AUTH-PROV-FNM     PIC X(10).
      15  (PREF)REQ-AUTH-PROV-MI      PIC X(01).
      15  (PREF)REQ-AUTH-STREET       PIC X(26).
      15  (PREF)REQ-AUTH-ADDL-STR     PIC X(26).
      15  (PREF)REQ-AUTH-CITY         PIC X(18).
      15  (PREF)REQ-AUTH-STATE        PIC X(02).
      15  (PREF)REQ-AUTH-ZIP          PIC X(09).
      15  (PREF)REQ-AUTH-FAX          PIC X(12).
      15  (PREF)REQ-AUTH-EMAIL        PIC X(30).
   10  (PREF)REQ-BILL-INFO.
      15  (PREF)REQ-BILL-PROV-NUM     PIC X(13).
      15  (PREF)REQ-BILL-PROV-LNM     PIC X(15).
      15  (PREF)REQ-BILL-PROV-FNM     PIC X(10).
      15  (PREF)REQ-BILL-PROV-MI      PIC X(01).
```

```
            15   (PREF)REQ-BILL-STREET         PIC X(26).
            15   (PREF)REQ-BILL-ADDL-STR       PIC X(26).
            15   (PREF)REQ-BILL-CITY           PIC X(18).
            15   (PREF)REQ-BILL-STATE          PIC X(02).
            15   (PREF)REQ-BILL-ZIP            PIC X(09).
            15   (PREF)REQ-BILL-FAX            PIC X(12).
            15   (PREF)REQ-BILL-EMAIL          PIC X(30).
       10   (PREF)REQ-ISS-INFO.
            15   (PREF)REQ-ISS-PROV-NUM        PIC X(13).
            15   (PREF)REQ-ISS-PROV-LNM        PIC X(15).
            15   (PREF)REQ-ISS-PROV-FNM        PIC X(10).
            15   (PREF)REQ-ISS-PROV-MI         PIC X(01).
            15   (PREF)REQ-ISS-STREET          PIC X(26).
            15   (PREF)REQ-ISS-ADDL-STR        PIC X(26).
            15   (PREF)REQ-ISS-CITY            PIC X(18).
            15   (PREF)REQ-ISS-STATE           PIC X(02).
            15   (PREF)REQ-ISS-ZIP             PIC X(09).
            15   (PREF)REQ-ISS-FAX             PIC X(12).
            15   (PREF)REQ-ISS-EMAIL           PIC X(30).
       10   (PREF)REQ-PGP                      PIC X(05).
       10   (PREF)REQ-START-DATE               PIC 9(08).
       10   (PREF)REQ-END-DATE                 PIC 9(08).
       10   (PREF)REQ-DATE-ADDED               PIC 9(08).
       10   (PREF)REQ-SEGMENT-TYPE             PIC X(02).
            88   (PREF)TYPE-REFERRAL           VALUE 'RR'.
            88   (PREF)TYPE-PROVIDER           VALUE 'PR'.
            88   (PREF)TYPE-PLAN-OF-CARE       VALUE 'PO'.
            88   (PREF)TYPE-PERSONAL-BUDGET    VALUE 'PB'.
            88   (PREF)TYPE-SERVICE-AUTH       VALUE 'SA'.
       10   (PREF)REQ-PROC-CNT                 PIC 9(02).
       10   (PREF)REQ-PROC-AREA OCCURS 0 TO 25 TIMES
                   DEPENDING ON (PREF)REQ-PROC-CNT INDEXED BY (PREF)REQ-PROC-IDX.
            15   (PREF)REQ-PROC.
                 20   (PREF)REQ-PROC-CD      PIC  X(05).
                 20   (PREF)REQ-UNITS        PIC  9(08).
                 20   (PREF)REQ-DOLLARS      PIC  9(08)V99.
                 20   (PREF)REQ-FREQUENCY    PIC  9(03).
05   FILLER                                    PIC X(98).
******COPY MEMBER IPKY7031 ENDS HERE.   ************************
```

4.1.4.2 Data Element Definitions

Data Definition File – Prior Approval Verification File – IPKY7031		
Data Element/Structure	**Definition/Explanation**	**Comments**
REQ-AUTH-ADDL-STR	The request authorized additional street address information.	
REQ-AUTH-CITY	The request authorized city name.	
REQ-AUTH-EMAIL	The request authorized e-mail address.	
REQ-AUTH-FAX	The request authorized fax number.	
REQ-AUTH-INFO	Group level of authorized provider info.	
REQ-AUTH-PROV-FNM	The request authorized provider's first name.	

Data Definition File – Prior Approval Verification File – IPKY7031		
Data Element/Structure	**Definition/Explanation**	**Comments**
REQ-AUTH-PROV-LNM	The request authorized provider's last name.	
REQ-AUTH-PROV-MI	The request authorized provider's name middle initial.	
REQ-AUTH-PROV-NUM	The request authorized provider number.	
REQ-AUTH-STATE	The request authorized State.	
REQ-AUTH-STREET	The request authorized street address.	
REQ-AUTH-ZIP	The request authorized mailing zip code.	
REQ-BENE-PROGRAM	Beneficiary program code.	
REQ-BILL-ADDL-STR	The request billing additional street address information.	
REQ-BILL-CITY	The request billing-city name.	
REQ-BILL-EMAIL	The request billing e-mail address.	
REQ-BILL-FAX	The request billing fax number.	
REQ-BILL-INFO	Group level of billing provider info.	
REQ-BILL-PROV-FNM	The request billing provider's first name.	
REQ-BILL-PROV-LNM	The request billing provider's last name.	
REQ-BILL-PROV-MI	The request billing provider's name middle initial.	
REQ-BILL-PROV-NUM	The request billing-provider number.	
REQ-BILL-STATE	The request billing State.	
REQ-BILL-STREET	The request billing-street address.	
REQ-BILL-ZIP	The request billing-mailing zip code.	
REQ-CLIENT-ID	The request client identification MID.	
REQ-CLIENT-ID-ALPHA	Last character of MID.	
REQ-CLIENT-ID-NUM	Numeric part of client ID.	
REQ-DATE-ADDED	The date the request was added.	
REQ-END-DATE	The request termination (end) date.	
REQ-FIN-PAYER	The request financial payer.	
REQ-ISS	Group level of issuing provider info.	"ISS" = Issuing.
REQ-ISS-ADDL-STR	The request issuing additional street address information.	

Data Definition File – Prior Approval Verification File – IPKY7031		
Data Element/Structure	**Definition/Explanation**	**Comments**
REQ-ISS-CITY	The request issuing-city name.	
REQ-ISS-EMAIL	The request issuing e-mail address.	
REQ-ISS-FAX	The request issuing fax number.	
REQ-ISS-INFO		
REQ-ISS-PROV-FNM	The request issuing provider's first name.	
REQ-ISS-PROV-LNM	The request issuing provider's last name.	
REQ-ISS-PROV-MI	The request issuing provider's name middle initial.	
REQ-ISS-PROV-NUM	The request issuing-provider number.	
REQ-ISS-STATE	The request issuing State.	
REQ-ISS-STREET	The request issuing-street address.	
REQ-ISS-ZIP	The request issuing mailing zip code.	
REQ-PGP	The request population group provider.	
REQ-PROC-AREA	Identifies the request procedure area parameters.	Occurs 0 to 25 times depending on "REQ-PROC-CNT" indexed by "REQ-PROC-IDX".
REQ-PROC-CNT	Determines the number of occurrences for the requested procedure.	This is for a computer procedure, not a medical procedure performed by a provider.
REQ		"REQ" = Request.
REQ-SEGMENT-TYPE	Identifier for the request segment type.	Segment types are: RR – Referral PR – Provider PO – Plan-of-Care PB – Personal Budget SA – Service Authorized
REQ-SRN-NUM	The request Service Request Number (SRN).	
REQ-START-DATE	The request beginning (start) date.	

DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

Version (Major changes are new versions)	Approval Date (mm/dd/yy)	Changed By (Person who made the changes for this version)	Approval (Approving Authority (name) – may be "N/A")	Reason (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0				